

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM TOS-875)

Serial No. \_\_\_\_\_

FILED DATE \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4			1			
5				1		
6				1		
7			1	0		
8				1		
9				1		
10				1		
11			1			
12				1		
13				1		
14				1		
15				4		
16				4		
17			1			
18	1			1		
19				1		
20				1		
21			1	0		
22				1		
23				1		
24				1		
25				1		
26			1			
27			1			
28				1		
29				1		
30				1		
31				1		
32			1			
33				1		
34				1		
35				1		
36				1		
37			1	0		
38				1		
39				1		
40				1		
41				1		
42			1			
43				1		
44				1		
45			1			
46				1		
47				1		
48				1		
49			1	1		
50				1		
TOTAL IND.		↓	17	↓		↓
TOTAL DEP.	↓		76	↓		↓
TOTAL CLAIMS	↓	↓	93	↓	↓	↓

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54		1				
55		1				
56		1				
57	1	0				
58		1				
59		1				
60		1				
61		1				
62	1					
63		1				
64		1				
65	1	0				
66		1				
67		1				
68		1				
69		1				
70		1				
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86		1				
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	72	↓		↓		↓
TOTAL CLAIMS	72	↓		↓		↓